

We're committed to providing brighter futures for all our patients.

Quality Account for the period ended 31st March 2010

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# Statement on quality From the Chief executive

At Alder Hey we are committed to delivering high quality care. In October 2009 we were awarded 'Double Excellent' by the Care Quality Commission for the provision of care and services relating to 2008-09 making us the best performing children's Trust in the country. The 'double Excellent' status was awarded for significant achievements against all NHS targets set nationally and locally.

Outlined below are some of our key achievements which demonstrate that Quality is truly 'At the heart of everything we do! '

Quality can be defined across some key areas and these are what we would all want if a child or young person received treatment. They can be grouped across SAFETY, EFFECTIVENESS and EXPERIENCE. Over the last year we have strived to provide the best in each of these identified areas.

SAFETY is a cornerstone to delivering a quality service and we feel that we have achieved a lot in this area over the past year. We are very proud that we have established a Children's Nursing Research Unit (a leading consortium which includes Edge Hill University. Liverpool John Moore's University and UCLAN) and appointed a professor of paediatric nursing. Part of providing any 'safe' service is about reducing the risks and in autumn last year we achieved a Level 3 from the National Health Service Litigation Authority - the highest standard for the management of risk across our services. We also were re-accredited "Investors in People" Bronze Level, demonstrating our continual commitment to our staff and investment in their development. All this contributes to us delivering a safe service.

Under the banner of EFFECTIVENESS, we

are most proud of two new developments which ensure that we provide world class care. We have launched Europe's first paediatric intra-operative 3-T MRI scanner, which was made possible by a generous £3million donation from the Barclay Foundation. This facility enables scans to be carried out in the operating theatre during surgery. It provides our surgeons with highly accurate, real time information during an operation to ensure precise removal of tumours in one procedure. Along with greatly increasing survival rates in tumours, other benefits include the diagnosis and possible corrective surgery of lesional epilepsy.

Our second major development was our £1.5m Burns Unit, which meets the standards set out for a supra-regional centre. The Unit features five individual cubicles and its own high dependency unit. Together with the support and expertise of a dedicated medical team, the Unit's specialist environment is able to provide the best and most efficient service.

The final aspect of Quality is the PATIENT EXPERIENCE. We often won't always recognise this when it's good but we all know when it's bad! We have worked really hard to understand what our children and young people think and feel about their experience with us. As part of that work we developed the

National Paediatric Toolkit, utilising a cartoon animation 'Fabio the Frog' to enable us to find out from children of all ages and abilities their experience. This work was recognised with the Healthcare Information Award.

Our engagement with our children and young people has also led to Alder Hey becoming the first hospital in the UK with Investing in Children accreditation. Knowing what our patients want and delivering on that promise is at the core of what we do.

This year, we have hit all national targets including the 18week waiting target and we have exceeded the Cancer waiting times targets. This demonstrates our commitment in treating our patients at the right time and in the right place. We also know that if patients and carers know what to expect this can make a huge difference to their experience. 'A Friend called Wilbur", one of our patient information booklets, has made a huge difference to children who are having a central intravenous line fitted. We were very proud to receive a BMA award for the value it brings.

Against this backdrop it was therefore with immense disappointment that we received a poor inspection report following an unannounced visit by the Care Quality Commission (CQC) in October 2009. The visit identified a number of areas where we were deemed to be non-compliant with the hygiene code.

Of the 19 measures inspected, the CQC identified a breach of its regulation in four measures and issued a warning notice in November. In one measure the inspectors found areas for improvement and made a

recommendation. A follow up, unannounced visit in December assured the inspectors that we had implemented their requirements and recommendation. Subsequently no evidence was found that we had breached any regulations to protect patients, workers and others from the risks of acquiring healthcare acquired infection.

Following this failure of assurance, we produced robust action plans for both Monitor and the CQC with the goal of being fully compliant with the hygiene code by the end of March 2010. The Care Quality Commission registered Alder Hey without conditions on 31st March 2010.

We were also very concerned that following a power failure incident which occurred on 22nd March 2010, the Health and Safety Executive visited the Trust on 12th April 2010 which resulted in the Trust being issued with an improvement notice. We have now addressed the issues within that to the satisfaction of the HSE and we have had verbal notification that the notice has now been lifted.

As Chief Executive Officer of Alder Hey, I can confirm that to the best of my knowledge this is a true and accurate reflection of the 2009-2010 progress against our identified Quality standards.

Louise Shepherd
Chief Executive

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# quality at the heart of all we do

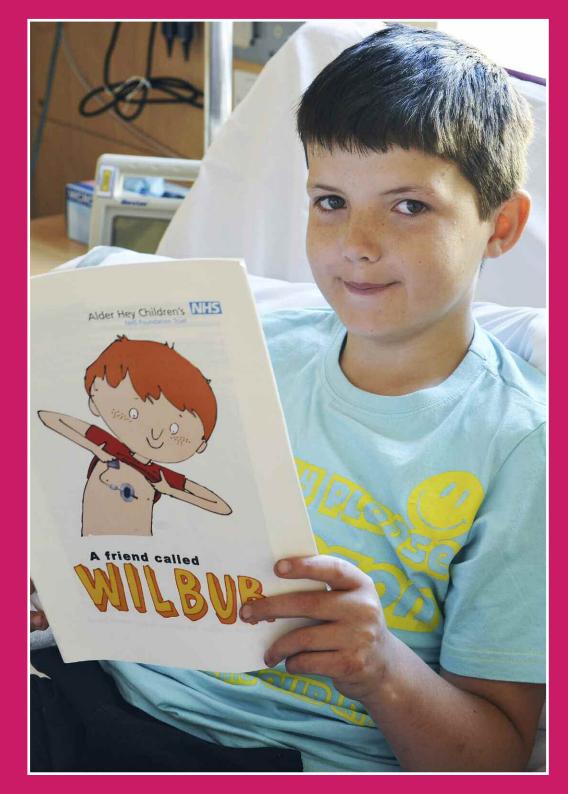
Quality Care For All sets out a vision for making Quality improvement the organising principle for everything we do in the NHS. The ultimate objective of the overall Quality framework is to raise the level and consistency of the quality of NHS services.

It is essential that at Alder Hey, we continue to stretch ourselves to innovate and maintain quality standards. We have set ourselves targets for the year ahead to ensure that we continue to have Quality at the heart of everything we do.

In our Quality report for 2009-10, the Trust identified four key areas for focus on making improvements and innovations in the quality of services we provide across the three Quality domains.

- 1. Making medicines safer reducing red and orange medication errors by 25%.
- 2. Making surgery safer making sure wrong site surgery becomes a 'Never Event'.
- Defining outcomes for children 100% of specialties assigned and measuring outcomes.
- Capturing the patient experience making it immediate, universal and ensuring that 95% of patients are 'delighted'.





### making medicines safer

### **Target**

In 2009 the Trust set a Quality goal to reduce the number of red and orange medication errors reported by 25%.

### **Achievement**

During the year (September 2008-09) the Trust performed well in relation to both red and orange medication errors achieving a reduction of 37%. At the end of the year (March 2010) the Trust continued to perform well as no red medication errors were reported against a total of six for the previous year. However the Trust did report a slight increase in the number of orange level errors recorded. Actions the Trust has taken include:

- continued use of the Medication Safety e-learning package, with over 1,000 staff completing this.
- 'Alder Hey Daily Bread for Patient Safety' leaflet produced; a copy of which has been given to all clinical staff.
- completion of a prescribing audit measuring compliance with a Medicines Management Code.
- an audit has taken place on delayed and omitted medicines.
- an updated Medicine Management Code.
- launch of Near Patient Pharmacy (delivering pharmacy services at ward level) in March 2009.

### **Monitoring**

Clinical Safety Group to Clinical Governance Committee for Board Assurance.

### making surgery safer

### Target

To reduce errors preventable by implementing the WHO surgical check list and making wrong site operations a Trust 'Never Event'.

The national 'Never Event' definition is a surgical intervention performed on the wrong site (for example the wrong knee, wrong eye, wrong patient, wrong limb or wrong surgery) where the incident is detected after the operation and the patient requires further surgery on the correct site, and/or may have complications following the wrong surgery. It does not currently include dentistry.

### **Achievement**

 We have implemented the World Health Organisation Safe Surgery Saves Lives Campaign.

The goal of the Safe Surgery Saves Lives campaign is to improve the safety of surgical care around the world by ensuring adherence to proven standards of care in all countries. The WHO Surgical Safety Checklist highlights items to be checked before, during and after operations to minimise risk. Use of the checklist has improved compliance with standards and decreased complications from surgery in eight pilot hospitals where it was evaluated.

Making Surgery Safer			
	07/08	08/09	09/10
Total theatre incidents	148	173	143
Wrong site surgery	0	0	0

### Monitoring

Clinical Safety Group on to the Clinical Governance Committee for Board Assurance.

# defining outcomes For Children

### **Target**

In 2009 the Trust set itself an ambitious target to develop at least one children's Patient Reported Outcome Measures (PROMs) and the systems to develop many more, while ensuring that each specialty has assigned outcome measures. Currently there are no nationally defined Children's PROMs; the Trust has set out to be a leader in this area to develop PROMs which focus on children and young people.

### **Achievement**

- A clinical information group has been established to lead this Quality initiative across the Trust. It is chaired by a Clinical Director. The group is developing a toolkit to assist clinicians to produce clinical outcome measures.
- There has been detailed work done in specific specialties including community paediatrics, A&E, nephrology and urology. Clinicians have participated in work being led by the Royal College of Paediatrics and Child Health to develop national paediatric outcome measures.
- Currently there are no national Patient Reported Outcome Measures (PROMs) for children. A national PROM for the treatment of groin hernia in children over 12 years of age is being piloted across children's hospitals. Alder Hey achieved 91%, which was the highest participation rate compared with our peers, during the period April to November 2009.

### **Clinical Outcome Measures**

Clinical Outcome Measures should:

- Be clinically relevant.
- Address an area of care with room for improvement in the care we offer our patients.

- Be robust and capable of long term data collection.
- Encompass a wide area of specialties case, either in terms of volume or complexity.

Approaches we are using include:

- Data collection in Meditech e.g. central line associated blood stream infection.
- Data collected in 'bespoke' databases e.g. renal and neurosurgery databases.
- Patient Reported Outcome Measures (PROMs) e.g. participation in national PROMs.
- Development in relation to groin hernia repair in children above 12 years of age.
- Hospital Episode Statistics data e.g. surgical site infection, ventilator associated
  pagumonia
- National audits e.g. CORC in child and adolescent mental health, Improving Outcomes Group for cancer, congenital cardiac anomalies audit, renal registry.
- Use of care pathways/assessment tools e.g. community paediatrics, A&E.

### Monitoring

Clinical Safety Group on to the Clinical Governance Committee for Board Assurance.





# capturing the patient experience, making it immediate, making it universal

### **Target**

We set a patient satisfaction target of 95% and a target that 50% of wards would become Investing in Children accredited.

#### **Achievements**

In patient satisfaction we achieved a 92% satisfaction rate.

In our bid to achieve Investing in Children status we carried out a range of surveys including the 'Hey! Did We Delight You?' survey. This extensive survey focused on a range of children and young people across the hospital in different and diverse services capturing a cross section of our patients. A range of other surveys were undertaken across nine areas including privacy and dignity, food quality and cleanliness. Focus groups took place with children and young people to plan actions to take forward.

In March 2010 Alder Hey received an Investing in Children Award

This award is the first of its kind in the United Kingdom. The award was given to Alder Hey based on it's ongoing demonstrable commitment to actively engage with children, young people and their families to make real change based on what they say.

The award also recognised the ongoing work to achieve Investing in Children status for ou services. An example of this is our Oncology Unit which is also accredited as Investing in Children.

### Monitoring

Patient Experience Partnership on to the Clinical Governance Committee for Board



# engagement and involvement

Engaging and involving our staff, governors and patients is core to the Quality agenda. We have ensured that issues of Quality have been raised across the organisation and the Clinical Governance Committee has a core assurance role to the Board on issues of Quality. Presentations and a half day interactive session have been delivered with our governors and they are actively involved in groups and committees. By utilising our Arts in Health team and our Investing in Children

partners, we have undertaken an exercise with the children and young people to help them understand what we mean by 'Quality' and in turn they have helped us to understand what is important to them.

During 2009/10, Alder Hey provided and/or sub-contracted three NHS services. The Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

# participation in Clinical audits

Clinical Audit is a key aspect of assuring and developing effective clinical pathways and outcomes

National clinical audits are either funded by the Healthcare Quality Improvement Partnership (HQIP) through the National Clinical Audit and Patients Outcome Programme (NCAPOP) or funded through other means. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

During April 2009 and March 2010, twelve national clinical audits and four national confidential enquiries focused on NHS services provided by Alder Hey Children's NHS Foundation Trust. During that period, we took part in 75% of national clinical audits and 100% of national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2009/10 are as follows:

### national clinical audits - data submitted

**PICAnet** 

National Diabetes Audit

National Elective Surgery PROMs (Hernia)

Congenital Heart Disease: paediatric cardiac surgery

Renal Registry: renal replacement therapy

Trauma Audit and Research Network (TARN): severe trauma

NHS Blood and Transplant: potential donor audit

National Comparative Audit of Blood Transfusion: pain in children; asthma; fractures

National Confidential Enquiry into Patient Outcome and Death (NCEPOD):

Parenteral Nutrition Study

Surgery Children

Perioperative Care

National Confidential Enquiry: (CMACE) Centre for Maternal and Child Enquiries

National Maternal and Perinatal Mortality Surveillance

The national clinical audits and national confidential enquiries that Alder Hey participated in, for which data collection was completed during 2009/10, are listed below. Alongside are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

national clinical audits – data submitted		
	Applicable Cases 2009/10	Cases Submitted 2009/10
PICAnet	1,125	
(PICAnet data is presented for the period  Jan – Dec not by financial year)	(data for 01/01/09 to 31/12/09)	1,125 (100%)
National Diabetes Audit	325	319 (98%)
National Elective Surgery PROMs (Hernia)	307	15 (5%)
Congenital Heart Disease: paediatric cardiac surgery:		
non pump and pumps	238	238 (100%)
Interventional catheters	131	131 (100%)
thoracic	19	19 (100%)
Renal Registry: renal replacement therapy	42	42 (100%)
Trauma Audit and Research Network (TARN): severe trauma	Approx 100	17 (17%)
NHS Blood and Transplant: potential donor audit	46	46 (100%)
National Comparative Audit of Blood Transfusion	40	40 (100%)
College of Emergency Medicine: pain in children; asthma; fractured	50	50 (100%)
National Confidential Enquiry into Patient Outcome and Death (NCEPOD):		
Parenteral Nutrition Study	31	19 (61%)
Surgery in Children	Ongoing	Ongoing
Peri-operative Care	Ongoing	Ongoing
National Confidential Enquiry: (CMACE) Centre for Maternal and Child Enquiries	12	12 deaths in 2008 (100%)
National Maternal and Perinatal Mortality Surveillance	7	7 deaths in 2009 (100%)

Where applicable the reports from the above national audits have been received, evaluated and discussed at local level.

### local Clinical audit

Local clinical audits are carried out by individual healthcare professionals evaluating aspects of care that they themselves have selected as being important to them and/or their team. There were 155 local clinical audits registered with 13 known to be completed in the reporting period and reviewed by the provider in 2009/10; the remaining audits are still recorded as 'ongoing' on the Clinical Audit database. All leads for registered audits will be contacted over the next month to confirm

progress and update the database prior to the production of the Clinical Audit Annual Report.

The Clinical Audit Strategy and Audit Plan for 2010/11 has been approved by the Trust's Audit Committee and ratified by the Clinical Governance Committee. These documents have been developed to reflect guidance from the Healthcare Quality Improvement Partnership (HQIP) and the Audit Commission's review: "Taking it on Trust".

### commitment to research

As a driver for improving the quality of care and patient experience

The number of patients receiving NHS services provided or sub-contracted by us who were recruited during the year to participate in research approved by a research ethics committee was 1805, compared to 834 (216% increase) in the previous year. This increased level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care it offers and to making a contribution to wider health improvement.

The Trust was a participating centre in 92 clinical research studies. All studies were open during the period of recruitment defined by the study sponsor and/or lead centre. The Trust used national systems to manage the studies in proportion to risk. Of the 25 new studies given permission to start in 2009/10, 40% were given permission by an authorised person less than 30 days from receipt of a valid complete application. This process has speeded up recently with the appointment of a research support officer within the core R&D team.

All of the studies were established and managed under national model agreements.

All staff who are investigators for approved research studies were in possession of the appropriate contractual status to carry out their role in the research study. All matters relating to appropriate employment status are considered during the research approvals process for each study. The research passport has been fully implemented within the organisation and approximately 6% of the 92 research studies involved use of a research passport. The vast majority of studies do not involve staff who require a research passport. In all cases where investigators/ co-investigators are non-NHS staff (and therefore have no contractual arrangement with the NHS) a research passport has been issued. The National Institute for Health Research (NIHR) supported 92 of these studies through its research networks: Medicines for Children, National Cancer Research Network, Non-Medicines Paediatrics Specialist Research Group.

In the last three years, 460 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

### the use of the couin Framework

The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of our income conditional on Quality and Innovation. £593,000 or 0.5% of our income during the year was conditional upon achieving Quality improvement and Innovation goals agreed with Liverpool Primary Care Trust, with whom we entered into a contract for the provision of NHS services through the Commissioning for Quality and Innovation

payment framework.

The CQUIN targets aligned very closely with our Strategic Aims and were largely targeted at improving clinical outcomes and patient experience. Further details of the agreed goals for the coming year and for the subsequent 12 month period are available on request from the Director of Performance and Service Improvement at Alder Hey.

# registration with the care quality commission and periodic/special reviews

We are required to register with the Care Quality Commission (CQC) and our current registration status is **registered without conditions** 

The Care Quality Commission took enforcement action against the Trust during the year.

We are subject to periodic review by the Care Quality Commission and the last review was on 15th December 2009. The CQC's assessment following that review was: The CQC found no evidence that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring any health care associated infection. The Trust provided assurance that it had addressed all five areas for improvement and was compliant at that stage.

We have not participated in any special reviews or investigations by the CQC during the reporting period.







# quality of data

Alder Hey submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was: 99.48% for admitted patient care; 99.81% for outpatient care; and 99.89% for accident and emergency care.
- which included the patient's valid General Practitioner Registration Code was: 99.89% for admitted patient care; 99.96% for outpatient care; and 99.88% for accident and emergency care.

For 2009/10, our score for Information Quality

and Records Management, assessed using the Information Governance Toolkit, was 77%.

The Trust was subject to the Payment by Results Outpatient audit during 2009/10 by the Audit Commission and the error rates reported in the latest published audit for that period were 4.8% (29 data errors out of 600 data items tested) with an appointment error rate of 14.7% (22 appointments out of the 150 tested). The specialties included in the audit were paediatric respiratory medicine, oral surgery and paediatric medicine. The results should not be extrapolated further than the actual sample audited

This year the Trust's HRG error rate was just 2% The national average in 2008/09 was 8.1%.

# looking forward 2010-2011

In High Quality Care for All Lord Darzi was clear that Quality sits across three core domains: Set out below are the goals and targets which the Trust has set itself for 2010-11 under these three core domains

- Safety
- Patient Experience
- Clinical Effectiveness

# safety

what	To reduce Intravenous Line Infections
wpA	Infections caused as a result of contamination of an Intravenous line are possible. It is important that the Trust minimises the risk of this to patients, thereby ensuring safe and effective treatment.
tarset	10% reduction
when	By March 2011
lead	Operational: Director of Infection Prevention and Control
monitoring	Corporate Report, Hygiene Code Steering Group and Clinical Governance Committee

what	Making surgery safer - reducing theatre errors and making wrong site surgery a 'Never Event'.
mph	Ensuring that every patient has safe surgery is vital. Wrong site surgery and/or theatre errors are potential risks and can be very costly. It is important that there are robust systems in place to minimise the risk and increase patient safety and maximise positive outcomes.
taraet	Full compliance
when	Ongoing
lead	Assistant Medical Director for Surgery
monitoring	Clinical Safety Group and Clinical Governance Committee

### Clinical effectiveness

what	Increased utilisation of intra-operative 3-T MRI scanner to support a reduction in multiple theatre visits.
mph	Prior to the introduction of the intra-operative 3-T MRI scanner, children underwent repeat brain scans after surgery to see whether the entire tumour had been removed, often resulting in repeat operations and certainly resulting in repeat scans. Now the scanner can be used during surgery to direct the surgeon, reducing the need for repeat operations.
taraet	Establish a baseline and develop key year on year reduction targets.
wh@n	March 2011
lead	Assistant Medical Director for Surgery
monitoring	Clinical Safety Group and Clinical Governance Committee

### patient experience

what	Increase patient satisfaction
Mph	Placing the patient at the heart of what we do is vital to ensure that we deliver high quality care. It is important to know what our patients think of our services and if they are happy with them. Providing patients with a mechanism to tell us what they think is positive and what they think could be improved is vital if we are to learn and grow as an organisation. In paediatrics it is important to remember that we are often treating a 'family' and not just a patient. We need to find innovative and unique ways of engaging with our patients to find out if we have truly sent them home 'satisfied'.
tarcet	95% 'satisfaction'
when	Ongoing reporting
l@ad	Assistant Director: Quality, Patient Experience, Equality and Engagement
Dajaojaom	Quarterly via Corporate Report, Patient Experience Partnership and Clinical Governance Committee



# quality performance indicators

The Trust must comply with a range of statutory and regulatory requirements. It is important that we monitor ourselves against these targets. The charts below identify the Trust's Performance against these targets

KEY quality performance indicators	2008= 2009	2009 = 20[0	
Safety			
Red clinical incidents	39	13	
Medication errors	296	287	
C. Difficile	2	3	
MRSA Bacteraemia	5	4	
Clinical Effectiveness			
Day case rates	70.4%	73.2%	
Readmission rate	8.6%	7.8%	
Reduction in DNA rates	13.53%	14.05%	
Patient Experience			
Four hour waiting times	98.59%	98.31%	
Reduction in total average length of stay	2.68 days	2.76 days	
Complaints	129	124	
Complaints: compliance with 25 day statutory requirement	95.8%	96%	

The average length of stay (ALOS) target was not fully met as a consequence of over performing on the day case rate reduction in year. The Trust effectively moved more than expected cases from overnight stays thus numerator for ALOS was decreased. In addition as the types of cases converted to day cases all previously had ALOS of just over one day, the ALOS of the remaining cases has risen overall.

nettonel terset
All cancers: maximum two week wait from urgent GP referral to first appointment
All cancers: 31 days from diagnosis (decision to treat) to treatment
All cancers: maximum waiting time 62 days from referral to treatment
Hospital cancelled operations against elective admissions
Hospital cancelled operations not admitted within 28 Days
A&E four hour waiting time in Department until discharge
Data quality on ethnic group
26 week inpatient waiting time
13 week outpatient waiting time
C. Difficile ≤ 5
MRSA Bacteraemia ≤ 8
18 week referral to treatment - admitted
18 week referral to treatment - non-admitted

In 2008-09, the Trust identified further quality performance measures in each of the three quality domains:

• Safety • Clinical Effectiveness • Patient Experience

2008-09/2009-10 performance is detailed overleaf.



# commissioners statement

It is important that the Trust lead PCT (Primary Care Trust) assures that what we have said in our Quality Report is accurate; below is the response from Liverpool PCT who are Alder Hey's Lead PCT.

### **Quality Accounts**

### **Commissioning PCT Statement**

On behalf of Liverpool Primary Care Trust, the lead commissioner for Alder Hey Children's NHS Foundation Trust, I would like to acknowledge the progress made in the drive to deliver high quality care for all those using their services.

As Director for Service Improvement and Executive Nurse in Liverpool PCT I can confirm that to the best of my knowledge this quality account is a true and accurate reflection of the 2009-2010 progress Alder Hey has made against the identified quality standards. The Trust has complied with all contractual obligations and has made good progress over the last year with evidence of significant improvements in key quality measures.

Liverpool PCT is supportive of the process Alder Hey has taken to engage with patients, staff and stakeholders in developing a set of quality priorities and measures for 2010/11 and applaud their continued commitment to improvement. We find the submitted quality account to represent an appropriate level of effort and areas of focus for service improvement and we look forward to Alder Hey's continued improvement of quality standards in 2010/11.

Yours sincerely,

Trish Benear

Trish Bennett

Director for Service
Improvement and Executive Nurse



# links comments

The Trust welcomes the comments from the Local Involvement Networks and works closely with them to ensure that we have full participation and Engagement.

Below are the comments, recommendations and observations made by Sefton and Liverpool LINKs.

The goals and targets that the Trust has identified under 'Looking Forward: 2010-2011 are commendable.

We were delighted to see the Trust highlight its work on patient experience.

We congratulate you on receiving the 'Investing in Children Award' and applaud the work of the Oncology Unit which is cited as achieving this.

The goals and targets that the Trust has identified under 'Looking Forward: 2010-2011 are commendable.

We have worked closely with the Trust during this period. We commend the Trust for their positive and constructive working relationship with Sefton LINk.

I am wholly supportive of the initiatives to reduce Intravenous Line Infections and to make surgery safer – reducing theatre errors and making wrong site surgery a 'Never Event'.

Liverpool LINk welcomes the Quality Account in the sense that it contains much positive achievement.

### Recommendations and observations from Liverpool and Sefton LINKs:

- The Quality Account should contain feedback on PALS issues.
- Timescales and constraints on time were very tight.
- More detailed explanations of how the Trust will achieve its goals.

The Trust takes on board these comments and will work closely with Liverpool and Sefton LINKs to ensure that they fully represent these views going forward for 2010-11.

# Glossary of terms

**A&E:** Accident and Emergency

CORC: CAMHS (Children and Adolescent Mental Health Services) outcome research consortium

**CQC:** Care Quality Commission

**CQUIN:** Commissioning for Quality and

Improvement

**DNA:** Did not attend

**HRG:** Healthcare Resource Groups

**HQIP:** Health Care Quality Improvement Partnership:

MRI: Magnetic Resonance Imaging

NIHR: National Institute for Health Research

NCAAG: National Clinical Audit Advisory Group

NCAPOP: National Clinical Audit and Patient

Outcomes Programme

**PROMs:** Patient Reported Outcome measures

WHO: World Health Organisation



### Translation available on request.

Alder Hey Children's NHS Foundation Trust Eaton Road Liverpool L12 2AP

Tel: 0151 228 4811

Web: www.alderhey.nhs.uk

Email: communications@alderhey.nhs.uk

